variations. It does not reach its highest limit during the hottest months; its increase appears to correspond to the influence of spring, with the monthly maximum in June.

9. Observation of the delusional forms of alcoholism shows that the reactions that develop under its influence are becoming more violent from day to day and are accompanied by more attempts on the life of individuals, consequences that it is legitimate to attribute to the alcohols of commerce actually in use.

10. General paralysis, which is with alcoholic insanity the morbid form whose increase is the most rapid, comprised 12.27% of the total patients examined at the *dépôt*. In five years its frequency has more than doubled.

11. It tends to become proportionally more common among women than formerly; the relation which was five years ago, men 79.60%, women 21.39%, is to-day men, 71.17%, women 28.82%.

12. As with mental disease in general, so with alcoholic insanity, but still more than any other morbid form, the greatest number of admissions of general paralysis is in springtime. Its increased recrudescence takes place in May, and is very markedly vernal.

13. The comparison between the curves showing the simultaneous increase of alcoholic insanity and of general paralysis shows that their rapid progression is plainly correlative. In the close relationship of their course the etiological influence of alcoholism upon the development of diffuse interstitial encephalitis appears to be manifest.

DARRICARRIÈRE, *La paralysie générale dans l'armée*, Thèse de Paris, 1890 No. 61.

This thesis is a study of the statistics of general paralysis in the army during the 10 years from 1878 to 1888. To the question whether statistics carried out on all men between the ages of 35 and 55 in civil life and on soldiers of the same age—manifestly the only legitimate method of arriving at results—would be to the advantage of civil or military life, he is unable to give a satisfactory answer.

ACQUÉRIN, *Contribution à l'étude médico-legale de la paralysie générale*, Paris 1891.

In a pamphlet of 74 pages Dr. Acquerin discusses the medico-legal relations of general paralytics, especially in relation to the early or prodromal stage, which he calls, not without justice, the *période médico-legale*. As the discussions of the responsibility of paralytics and of pseudo-paralytics have special reference to the French *code pénal* and *code civil*, they have but little bearing on similar conditions arising under English and American laws. Examples are given of crimes and misdemeanors committed by general paralytics, and examples of the status of such patients in marriages, contracts, life insurance and wills.

ZACHER, *Ueber zwei Fälle von acuter Paralyse*, Allg. Zt. f. Psych. 1891 XLVIII. p. 188; Neurol. Centralbl. 1891 X. p. 68.

The author reports two cases of acutely progressing paralysis, in which the first, after a melancholic prodromal state, ran its course in less than four weeks; in the second the duration of the disease was about two and a half months. In both cases, besides a relatively slight change in the vessels and in the interstital tissue, there was a fairly extensive and high degree of fibre atrophy. From this the author concludes that there are cases of paralysis where the fibre atrophy is the primary process in the anatomical changes.

Hertz considered that the two cases must be classed as delirium acutum, and expressed a caution against the too great extension of the

field of general paralysis. To the question whether the two cases might not be considered as an acute infectious brain disease, the author thought that this was disproved by the long prodromal stage in one case and the failure of all evidences of infection at the examination of the internal organs. Also up to this time, as Fr. Schultze has pointed out, no fibre atrophy has been found in the brain in acute infectious diseases.

ROCQUES, *De l'alcoolisme et de la paralysie générale*, Thèse de Paris, 1891 No. 230.

For a number of years general paralysis and alcoholism have shown a progressively ascending scale in Paris. The curves of the two diseases show a parallel course. Authors are divided upon this question. Some (Foville, Garnier) think that alcoholism is the cause of this increase of general paralysis, while others (Lasègue, Ball, Christian and Ritti) on the contrary think that alcoholism is only an accompanying factor, a symptom of the initial period of general paralysis, during which the patient under a general excitement gives way to excess of drink. Rocques holds to this last opinion. When the alcohol is eliminated and the alcoholic delirium has disappeared, the general paralysis alone comes to observation and continues its slowly progressive course. There are a great many patients classed as alcoholics who should be classed as paralytics. This error in statistics shows the proportion of paralytics to be 20% of insane patients instead of 27% as it should be, and is the cause of a corresponding increase in the proportion of alcoholics. It is necessary to reserve a diagnosis at the outset, since the prognosis of alcoholism is often favorable, while that of general paralysis is fatal. The responsibility of the alcoholic is a subject of discussion, while that of the paralytic is fixed.

Although alcoholism and general paralysis increase with parallel steps in urban districts, such as the department of the Seine and that of the Rhone, and although they are both rare in agricultural regions such as Lozère, yet in certain alcoholic countries there is proof of the rarity of general paralysis. This is the case in Finisterre, one of the departments where alcoholism plays the greatest ravages, yet where general paralysis forms only 0.62% of the cases of mental disease. The same facts are observed in countries that are manifestly alcoholic, such as Ireland, Scotland, Sweden and Norway, and Canada. Alcoholism may lead at length to general paralysis, alcoholics may beget children predisposed later to general paralysis. When general paralysis develops in an alcoholic, it assumes a special form, pseudo-general paralysis (Westphal), which is distinguished by numerous characteristics and especially by the course of the disease. It may be cured, or it may relapse. True general paralysis recovers very exceptionally; remissions are observed, after which it continues. Pseudo-general paralysis may begin again.

REGIS, *Note sur le diagnostic différentiel de la lypémanie hypocondriaque et de la paralysie générale progressive*, Gazette médicale de Paris, 1890 (7) VII. 1,13.

Regis cites four cases in which there was difficulty in diagnosing between hypochondriacal melancholia and general paralysis. In his conclusions he gives the diagnostic points of different authors and then his own. The principal distinctive characteristics given by different authors are: 1. The hypochondriacal delusion of general paralysis has a particular stamp of absurdity, hebetude and incoherence. It appears suddenly, it is changeable and inconsistent. The patients do not argue and they speak without conviction, and they show but little zeal in complaining of their ills (Baillarger, Marcé, Voisin, Luys, etc).